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**Psychiatric Evaluation:** Liron Greenfield

Date of Birth: July 12, 1982

This evaluation is based on clinical interview and formal psychiatric evaluation, as well as my review of the relevant materials in this case. My opinions are stated within a reasonable degree of medical certainty.

**Identifying Information**

Liron Greenfield is a 39-year-old dual US and Israeli citizen currently residing in Tel Aviv, Israel. He was born in Houston, Texas and immigrated with his parents to Israel at the age of 2. They moved to Ramat Hasharon where he spent the years of his childhood and adolescence. Following high school, he completed his compulsory army service. He then opened up his own business in the field of video production. His business interests changed, and he moved into retail selling “outside cooking equipment” (grills, barbecues etc.). Along the way, he has studied real estate, graphic design and computer programming. He married in 2017 and has two children.

## **Presenting Problem**

Mr. Greenfield relates that five years ago, his father decided to give his mother a gift for her birthday and take her on a culinary visit tour to Istanbul together with her sister. The tour was scheduled to last 4 days. On the third day of their tour in Turkey, a Saturday morning (19/3/2016), he was at his girlfriend's home. She was later to become his wife. He received a message from his father on the family WhatsApp group with the following message "terror attack, we were injured". Since it was a "food eating" trip, he thought that his father was joking that they had eaten so much that they had "exploded" from excess food. Then his aunt, who was together with his parents on the tour, called and shouted his name. The call then disconnected. He remembers in the short call that she was crying. After a few minutes, there was a message on the news sites that there was a terror attack in Istanbul and Israelis were involved. Only after seeing this news flash did he "connect the dots" and started taking the fact seriously that there may have been a terror attack. He started frantically calling his parents. After a few attempts, his father answered. He was a little relieved since he was sure that his parents had been killed in the terror attack. Thus he reports that he was extremely distressed and traumatized by those few minutes. While he was somewhat reassured, he still did not know what had happened to his mother and whether she was still alive. He continued desperately calling her before she finally answered. He heard that they were injured and were in distress. He found the first flight out of Israel to Turkey. By 3pm he was already on a flight to Istanbul. He booked alone, but his uncle (husband of aunt in Istanbul) joined him at the last minute. He notes that the terror attack took place at 10am and in the time between the terror attack and his flight to Istanbul, his life became overturned. This was the beginning of a difficult few months and years of upheaval and emotional roller coaster lasting up until the present in varying intensities.

Mr. Greenfield recalls that he was well looked after on the flight given his circumstances. He arrived in Istanbul and took a taxi immediately to his parents in the hospital. This was after a complicated and challenging task of finding which hospital they had been sent to. All this was very stressful and traumatic for him as he remembers. On arrival, he found both parents and his aunt in the same room. He states that the meeting with them was very dramatic and emotional. He then had to organize

the insurance company with which they were registered to get back to Israel. They returned within a day to Israel on a special flight. It was after their arrival in Israel and their various treatments that the stressful months began. He describes this as “all hell breaking loose”. They required various surgeries to their lower limbs. Both parents ended up in wheelchairs. Due to the intensity of their requirements for assistance, he had to leave his work for a period of approximately 6 months. He recalls taking turns with his sisters looking after his parents, ensuring that someone was with them 24 hours a day for assistance. He had to assist them in showering, going to the toilet, dressing, transporting, and accompanying them to appointments and ensuring that they did their physiotherapy exercises and were exposed to the outdoors. All this became a major responsibility for him and was at times overwhelming. He states that these responsibilities “messed up his entire life” for at least six months until such time that his parents were able to walk on their own and become more independent. His sister was in the advanced stage of pregnancy and thus the physical burden of care fell on him.

Although Mr Greenfield notes that he was dedicated to his “mission” to assist his parents, including encouraging them and motivating their recovery, he himself became depressed in the situation. Thus while he was relieved that his parents were at least alive, he reminds himself that three Israelis from the tour group were killed in the terror attack, and he still remained with the stress and burden of the situation. He knows that his parents could very easily have been killed. This thought is very disturbing for him since he is very close to his parents. He indicates that his mother is his best friend and has been for his entire life. He shares that it was very painful to see both his parents in wheelchairs as if they were “disabled and handicapped”. He tried to be strong for them and help and manage their situation and treatment. He adds that to see his parents as disabled at such a young age was difficult emotionally for him.

Mr. Greenfield reports that in addition to the above requirements of care that he had to give to his parents, his life was affected in many other ways. These included the following:

1. He stopped working for several months and found it difficult to return to his occupational function. This caused him significant financial difficulty for the

period. He indicates that “it did not help that he had extra expenses during this time due to travel, rent, parking etc.).

2. He lost all social contact during this time. he simply had no time and no emotional energy for friends.
3. He had to disconnect from his girlfriend for a time due to the intensity of time requirements being around his parents. This was not easy for him.
4. He states that he became anxious. At the back of his mind for the first year or two after the terror attack, he kept on having the ruminating thought: “what if?”

He also reports symptoms characteristic of a post-traumatic stress reaction despite himself not being exposed to the suicide terror explosion. His parents however were exposed and since they were extremely close to him, he states that for him at times it was as if he was there. These symptoms included the following:

1. Nightmares: initially he used to have dreams with content of explosions. These are not so common anymore, but every so often, occur “out of the blue”.
2. Flashbacks: to the phone call informing him of the terror attack, and pictures and videos of the carnage.
3. Physiological response: when he speaks about the terror event, he responds with shivering. He reports no palpitations or sweating.
4. Guilt: he feels guilty that he failed to impress upon his parents the danger of terror despite the travel alert that was present prior to them leaving on the tour.

Mr. Greenfield shares that he used to be “calm about life” and “take everything in his stride”. Today he is a changed person. He reports that he has lost his naivety. He says that he is also more grounded, more careful, and more suspicious of his surroundings and life in general. Although he was recommended to meet with a psychologist to discuss his anxiety and changes in outlook in life after the terror event, he refused since he preferred to manage his emotions on his own. To remind him of how his life changed forever after his parent’s terror attack exposure, he engraved his forearm with a large tattoo of a replica of the precise passport stamp that he received when he entered Turkey to be with his parents immediately after the suicide terror explosion. In this way, he has a permanent reminder with him at all times of what he and his parents experienced on that “fateful” day.

#### Previous Psychiatric Illnesses

He denies any previous psychiatric treatment or evaluation prior to the suicide terror explosion.

#### Alcohol or Substance History

He reports no alcohol or substance abuse.

#### Family Psychiatric History

None reported.

#### Mental Status

*General appearance:* Casually dressed. Obvious tattoo on forearm of passport stamp.

*Behavior:* cautious, somewhat shy, intelligent, honest appearing, intense, uncomfortable sharing emotional experience.

*Affect:* anxious when describing details of the how his parents suffered and how difficult it was for him to share their suffering on their return to Israel after the suicide bombing and during their long rehabilitation.

*Mood:* Admits to fair mood.

*Speech:* Clear and coherent

*Thought disorder:* No evidence of formal thought disorder.

*Thought Content:* No evidence of delusional content.

*Perceptual Disorder:* No evidence of past or present hallucinations. No evidence of psychosis.

*Neurocognitive and neuropsychiatric status:* fully alert and oriented. Concentration and attention ability are intact.

*Impulse Control:* Intact.

*Insight:* Good.

*Judgment:* Good.

*Reliability of Mental status and interview:* very good.

#### Psychological Testing

*HAM-D and HAM-A rating scales and PTSD scales (PDS-5) questionnaires were administered.*

The **Hamilton Depression rating scale** (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. The **Hamilton Anxiety Rating Scale** (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. The HAM-A probes 14 parameters.

The **Posttraumatic Diagnostic Scale** (PDS-5) is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe).

Scores indicate presence of mild depression (score of 11 on the Ham-D), mild anxiety (score of 14 on the Ham-A), and PTSD (score of 31 on the PDS-5).

#### Summary of Observations

Liron Greenfield is a 39-year-old male with signs and symptoms of anxiety and post-traumatic stress symptomatology since his parents were injured in a terror attack during a culinary tour to Istanbul in 2016. Initially he thought that his parents were killed in the explosion. He flew to Turkey after the terror attack to be with his parents. On their return, he dedicated several months of his life to their rehabilitation. As a result, he has experienced significant social, and emotional effects since the terror explosion considerably affecting several areas of his life. He clearly describes the intensity of his emotional pain and concerns after the terror attack and how it affected his life in the weeks, months, and years to come.

#### Prognosis

Liron Greenfield suffered mood, anxiety and post-traumatic symptoms following his parents being injured in a terror attack during a culinary tour to Istanbul in 2016. He clearly expresses how his life has been significantly affected following the trauma.

Despite the several years that have past, it is not expected that his mood and anxiety issues affecting his outlook on life and function in various situations will resolve in the short term, and they will continue to affect him for a long time to come.

Diagnostic Formulation

**309.81 (F43.10) Post-traumatic Stress Disorder**

**300.00 (F41.9) Unspecified Anxiety Disorder**

A handwritten signature in blue ink, appearing to read "R. Strous", is displayed within a light blue rectangular box.

Rael Strous MD